

Foster Family Home - Corrective Action Report

Provider ID: 1-511007

Home Name: Ruth Bonilla, CNA

Review ID: 1-511007-4

94-216 Loku Place

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 3/1/2018

End Date: 3/1/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a increase to 3 client CCFFH certification survey. Home is in compliance with all requirements.

Carrie Wakai
Compliance Manager

Ruth A. Bonilla
Primary Care Giver

3/1/2018
Date

3/1/2018
Date